

**NAVSUPPACT Mishap Report**

**Instructions:** This form will be completed by the injured parties immediate supervisor and forwarded to the NAVSUPPACT Safety Office within **five** working days after the injury. Contact the NAVSUPPACT Safety Office at 678-2201 if you have any questions about completing this form.

Name of injured person:			SSN:	
Dept / Work center:		Job Title:		Work Phone:
Age:	Sex:	Date Of Birth:	Rate/Rank/Grade:	Duty Status:
Employment Status (Circle one) USN USNR USMC DOD Civilian Dependant/Other				
Date of Injury: ____/____/____ (YR) (MO) (DAY)		Time of Injury:		Est. Date Return to Work: ____/____/____ (YR) (MO) (DAY)
Experience at Job: Years____ Months____				
Job activity and location at time of mishap:				
Type of Injury:			Area of Body Part Injured:	
State cause of mishap: (personal error, material failure, poor housekeeping, defective design, or other [specify])				
Describe what happened (use extra paper if necessary):				
What could have been done to avoid this mishap? Recommendation:				
Was training received (if applicable) Yes _____ No _____ N/A _____				
If personal protective equipment was required, was it worn? Yes _____ No _____				
<b>NOTE: Witness/employee statements should be attached to this report, (when available), for use by the mishap investigator during the mishap investigation.</b>				
Statements attached? Yes _____ No _____				
As the investigator does your knowledge about the facts of the injury agree with the statements of the employee and or witnesses? Yes____ No____ if no explain				
Is Light Duty Available? Yes _____ No _____				
Printed name of supervisor_____ Phone Number _____				
Signature of supervisor_____ Date_____				
<b>PRIVACY ACT STATEMENT</b>				
Authority: 5 U.S.C. Sec. 301; 44 U.S.C. Sec 3101; (Executive Order 3937-SSN. Personal information is obtained from personnel files for safety investigation purposes. Routine Uses: Information obtained is used for general use mishap investigation reporting for statistical purposes, and to aid in preventing other similar mishaps. Within DOD all information provided by me will be used only for safety purposes. It is further understood, however, that the information contained in this report may be released in response to a Freedom of Information Act requestor in accordance with the Occupational Safety and Health Program or Department of Labor regulations. This information provided by me shall not be used: <b>(a)</b> As evidence, or to obtain evidence to determine misconduct or line of duty status of killed or injured personnel. <b>(b)</b> As evidence to assert affirmative claims on behalf of the government. <b>(c)</b> As evidence before administrative boards or bodies. <b>(d)</b> In any punitive or administrative action taken by the Department of the Navy. <b>(e)</b> As evidence to determine the liability of the Government for property damages.				